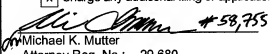


<p><small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/516,592-Conf. #8554
		Filing Date	December 3, 2004
		First Named Inventor	Mats Petter PETTERSSON
		Examiner Name	S. H. Lee
		Art Unit	2887
TOTAL AMOUNT OF PAYMENT		(\$)	440.00
		Attorney Docket No.	3782-0301PUS1

<p>METHOD OF PAYMENT (check all that apply)</p>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u>	Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<p>FEE CALCULATION</p>							
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>							
	<p>FILING FEES</p>		<p>SEARCH FEES</p>		<p>EXAMINATION FEES</p>		
<u>Application Type</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							<p>2. EXCESS CLAIM FEES</p>
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
42	- 42 or HP	0	x 52.00 =	0.00	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
<p>HP = highest number of total claims paid for, if greater than 20.</p>							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
9	- 7 or HP	2	x 220.00 =	440.00			
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p>3. APPLICATION SIZE FEE</p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50 =	(round up to a whole number) x					
<p>4. OTHER FEE(S)</p>							
<p>Non-English Specification, \$130 fee (no small entity discount)</p>							
<p>Other (e.g., late filing surcharge): _____</p>							

<p>SUBMITTED BY</p>			
Signature		Registration No. (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter	Telephone	(703) 205-8000
		Date	March 18, 2009

AMENDMENT TRANSMITTAL LETTER				Docket No. 3782-0301PUS1	
Application No. 10/516,592-Conf. #8554		Filing Date December 3, 2004		Examiner S. H. Lee	
				Art Unit 2887	
Applicant(s): Mats Petter PETERSSON					
Invention: INFORMATION CODE INCLUDING REDUNDANT INFORMATION PROVIDING COPY PROTECTION					
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	42	- 42 =	0	x 52.00	0.00
Independent Claims	9	- 7 =	2	x 220.00	440.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					440.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>440.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 #58,755 Michael K. Mutter Attorney Reg. No.: 29,680				Dated: <u>March 18, 2009</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					